General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Knights Chemist Ltd, 9 Palmers Road, Redditch, Worcestershire, B98 0RF

Pharmacy reference: 9011450

Type of pharmacy: Closed

Date of inspection: 30/06/2021

Pharmacy context

People cannot visit this pharmacy. It only supplies medicines in multi-compartment compliance packs to the community pharmacies in its group. The packs help vulnerable people in their own homes to take their medicines. The inspection was carried out during the COVID-19 pandemic.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

Follow this link to find out what the inspections possible outcomes mean

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards not all met	1.6	Standard not met	The pharmacy does not keep the required Responsible Pharmacist log.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy has inadequate procedures to ensure that the medicines it supplies are stable, and therefore, safe and effective.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy's working practices are generally safe and effective. It is appropriately insured to protect people if things go wrong. The team members keep people's private information safe and they have basic knowledge on how to protect vulnerable people. But the pharmacy does not keep the required up-to-date records. So, it may be difficult to identify the person responsible for any short-comings.

Inspector's evidence

This inspection took place during the COVID-19 pandemic. The pharmacy was newly opened, September 2020 and closed to the public. It acted as a dispensing hub for the community pharmacies under the same ownership. The pharmacy only assembled medicines into multi-compartment compliance packs.

The pharmacy team members generally identified and managed the risks associated with providing its services. It had appropriate standard operating procedures (SOPs) in place, some of which related to the COVID-19 pandemic. All the staff had read and signed the SOPs. The pharmacy had a business continuity plan to accommodate any potential issues as a result of the NHS 'test and trace' scheme. If it had to close, the spoke pharmacies would assemble the compliance packs.

The Superintendent Pharmacist had conducted a risk assessment of the premises relating to the pandemic. The pharmacy manager had done occupational risk assessments of the staff when the pharmacy began trading. Two team members had started work since then and their risk assessments still needed to be done. The risk assessments included any potentially vulnerable people in their households. The team members knew that they needed to report any COVID-19 positive test results. All the team had received one dose of a COVID-19 vaccine and most were double-vaccinated. The team members performed COVID-19 lateral flow tests twice each week.

A robot was used for the assembly of most items. Hence, most mistakes were medicines in the wrong slots of medicines damaged by the machine. A person physically checked all the compliance packs at the final checking stage. No optical scanner was used. The pharmacy had had three errors where incorrect packs had been sent to the spoke pharmacies. These occurred soon after the pharmacy had started trading. The medicines had been incorrectly matched to the robot canisters. Because of this, the pharmacy now had a code matching matrix. Two people now checked that the item was correct.

The premises was spacious, tidy and organised. There were dedicated working areas: a de-blistering area, a compliance pack preparation area, an area for manual additions of medicines and a final accuracy checking bench. Shelves were used to store the de-blistered medicines (see further under 4.3). Original packs of medicines were stored in the manual addition area.

The pharmacy had current public liability and indemnity insurance provided by the Numark. It did not supply any controlled drugs, special obtain items, items needing refrigeration or liquids. The pharmacy did not dispense any private prescriptions. It had date-checking records but the Responsible Pharmacist (RP) log had not been filled in since 9 December 2020 and no RP notice was displayed when the inspector arrived. This was contrary to legal requirements.

The staff understood the importance of keeping people's private information safe. They stored all confidential information securely. Confidential wastepaper was collected for appropriate disposal. The pharmacy team members generally understood safeguarding issues but would benefit from some additional training. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members work well together and they are comfortable about providing feedback to their manager. He acts on this to improve services at the pharmacy. Those team members who are in training are supported with their studies. But the pharmacy could provide regular ongoing learning for all the team members so that their skills and knowledge are up to date.

Inspector's evidence

The pharmacy was located on an industrial estate. It was not open to the public. It only dispensed NHS prescriptions assembled into compliance packs for community spoke pharmacies in the group. The current staffing profile was one pharmacist, one full-time accuracy checking dispenser (ACD) the manager, two part-time NVQ2 qualified dispensing assistants, two part-time NVQ2 trainee dispensing assistants and a delivery driver. The part-time staff had some flexibility to accommodate both planned and unplanned staff absences. And the company would provide additional help if necessary.

The staff worked well together as a team. They held weekly staff meetings when all the staff were present. The team members felt supported by their immediate manager and by the higher management. They felt able to raise any issues. Where appropriate, these issues were acted on. A dispenser had recently raised a concern about errors detected from the spoke pharmacies, mainly incorrect quantities. Because of this, all mistakes were now recorded. The spoke pharmacy was then emailed with the details so that they could fully investigate them.

The team members did not complete regular on-going learning. But they had had to undergo recent training regarding the service model at the pharmacy. The Superintendent will look into providing regular on-going training to ensure the team members don’t become de-skilled and that their knowledge is up to date. Those team members undergoing training were able to spend some time on their courses at work. And they were well supported by the regular pharmacist. The pharmacist seen, a relief, recorded any learning on his continuing professional development (CPD) records. The company did not set any targets or incentives.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy looks professional and is suitable for the services it offers. It is clean, tidy and organised. The premises are thoroughly cleaned to reduce the likelihood of transmission of coronavirus.

Inspector's evidence

The premises presented a professional image. It was tidy and organised. There were dedicated work areas so work on different tasks could be kept separate.

The premises were clean. As a result of COVID, the pharmacy was cleaned every day with a deep clean each week. Frequent touch points were cleaned throughout the day. The pharmacy team members used alcohol gel or washed their hands regularly throughout the day.

The public did not come to the pharmacy and so there was no consultation room. The temperature in the pharmacy was below 25 degrees Celsius and it was well lit.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy only offers a dispensing service to community pharmacies in the company. No one visits the pharmacy. The pharmacy teams at the community pharmacies are responsible for giving any advice to people about their medicines. But, the pharmacy has inadequate procedures to ensure that the medicines it supplies to the community pharmacies are stable, and therefore, safe and effective. The pharmacy could also have better records showing that it has acted appropriately on any concerns that it has received about medicines.

Inspector's evidence

The public did not visit the pharmacy. And it did not provide any services in addition to the assembly of medicines into compliance packs.

The pharmacist at the spoke pharmacy clinically checked the prescriptions. A dispensary team member then generated a backing sheet. This was checked by a pharmacist before being sent to the hub for assembly. The pharmacist at the hub was able to access the prescription via Splashtop. The hub pharmacy documented all the prescriptions received from each spoke branch, 13 in total. One sheet seen from one branch showed no initials of the person who had conducted the clinical check of the prescriptions (see attached photos).

Most medicines were assembled into the compliance packs by the robot but about 2 in 5 had to be added manually. The pharmacy did not supply any medicines for people who had regular changes. The pharmacy did not supply patient information leaflets. This was the responsibility of the spoke pharmacy. Some compliance packs were seen unsealed stored on top of one another (see attached photo). This increased the likelihood of errors. Some completed, sealed and checked packs did not have either a photo of the medicine or a hand-written description of it. Any counselling or other issues with the medicines was the responsibility of the spoke pharmacy.

The pharmacy obtained its medicines and medical devices from Lexon, AAH, Alliance Healthcare and Phoenix. Most medicines were de-blistered and placed into plastic containers. There was no audit trail of when this happened and no audit trail that it had been checked. The pharmacy had no procedures ensuring that the de-blistered medicines were stable in the plastic containers. The service model of the pharmacy was to use stock quickly. However, four large plastic containers containing the known unstable medicine, sodium valproate (see attached photo). In addition, whilst it was said that the pharmacy always used the same brand of medicine in the robot, one plastic container was seen to contain thiamine but the contents of the plastic box was different from that on the label. And the label was for an unlicensed brand of thiamine (see attached photo). One plastic box supposedly contained sertraline 100mg but there was no external label, only an empty box inside the container (see attached photo).

The pharmacy did not get any patient-returned medicines. It had no controlled drugs. The staff checked the dates of all the stock in the pharmacy. And they completed records showing it had been done. The pharmacy used designated bins for out of date medicine waste. And it separated any cytotoxic and cytostatic waste substances but very few of these were supplied.

The pharmacy team members received any concerns about medicines and medical devices by email. It had received a recent alert about co-codamol 30/500 effervescent tablets. It did not stock this item and so the alert was not printed off. However, the team members were not aware of another recent alert regarding carbimazole tablets. The manager gave assurances that in future there would be a clear audit trail demonstrating that the pharmacy had acted appropriately regarding any alerts and concerns.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. And, the team members make sure that they are clean and fit-for-purpose. The pharmacy has taken some measures to reduce the risk of transmission of COVID-19.

Inspector's evidence

The pharmacy was spacious and most team members could remain socially distanced from one another to reduce the risk of transmission of coronavirus. But there were no markings on the floor to encourage this. All the staff were wearing face coverings but they were not all the recommended Type 2R fluid resistant face masks.

The pharmacy's robot was serviced every month. And it was subject to a 4-hour call out if it failed. However, most issues could be easily remedied. The pharmacy supplied no liquids and did not manually count tablets or capsules on triangles. It did not supply any cytotoxic substances that needed special handling. The pharmacy also did not supply any medicines that needed refrigeration or any controlled drugs.

The pharmacy had up-to-date reference books, including the British National Formulary (BNF) 80 and the 2020/2021 Children's BNF. The pharmacy team could access to the internet.

What do the summary findings for each principle mean?

Finding	Meaning
✔ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✔ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✔ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.